

GOVERNMENT PERFORMANCE AND RESULTS  
ACT (GPRA)  
CLIENT OUTCOME MEASURES  
FOR DISCRETIONARY PROGRAMS

QUESTION-BY-QUESTION GUIDE

***CSAT***

Center for Substance Abuse Treatment  
SAMHSA

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# GENERAL OVERVIEW

These instructions are for the Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) Core Client Outcome Measures for Discretionary Programs. The same set of questions are asked at intake, 6-months post-intake, and 12-months post-intake, except for section H which is asked only at intake; and section I and J, which are asked only at follow-up. Have the client answer all of the questions. At the beginning of each section, you may want to introduce the next section of questions, e.g., “Now I’m going to ask you some questions about...”

Please read and follow these instructions. They are set up according to the sections of the GPRA tool. There is an overview of the section, as well as definitions that apply to the items in the section. The following information about each item on the GPRA tool is provided:

**Intent/Key Points**—Describes why the questions were originally included on the GPRA tool.

**Additional Probes**—Offers suggestions for probes that may help prompt the client’s memory during the interview.

**Coding Topics**—Clarifies how to count or record certain responses. Please pay close attention to the coding topics because they address questions that may produce vague answers.

**Cross-Check Items**—Alerts the interviewer to items that should be related, and answers that should be verified if a contradiction occurs during the course of the interview.

**Skip Pattern**—Indicates which items should be skipped and under what circumstances. There are certain questions that are irrelevant based on the answers to previous questions.

# SECTION A: RECORD MANAGEMENT INSTRUCTIONS

## OVERVIEW

This section pertains to the grantee and client identification information. This information must be filled out for each GPRA interview that is completed.

## ITEMS

**Client ID**—This is a unique client identifier that is determined by the project. It can be no longer than 15 characters and can include both numerals and letters. This ID is designed to track a specific client through his/her interviews (intake, 6-month, and 12-month) while maintaining the anonymity of the client. Each client must have their own unique ID which is used at intake, 6-month follow-up, and 12-month follow-up.

**Contract/Grant ID**—This is the CSAT assigned grant identification number for the project. The number begins with H79 TI #####. This number is used to identify your grant. For example, a grant ID may be H79 TI12345. The identifying portion of the number is TI #####.

**Grant Year**—This is the Federal fiscal year in which your grant was funded. For example, if your grant was funded in September 1999, the grant year would be 1999. If your grant was funded in September 2000, the grant year would be 2000.

**Interview Date**—This is the date the interview was completed. This number determines when the 6- and 12-month interviews are due. It is also used to calculate the project's follow-up rate, based on how many of the follow-up interviews that were due are actually completed.

**Interview Type**—This is the type of GPRA interview that is being completed (i.e., intake, 3-month follow-up, 6-month follow-up, or 12-month follow-up interview). If the client leaves treatment and their file is closed, but he/she reenters treatment at a later date, a second or third round of GPRA interviews must be initiated using the initial identifier assigned to the client. In that situation, indicate whether the interview is the second or third intake, 3-, 6- or 12-month follow-up interview. The follow-up interview dates will be calculated using the most recent intake date. Examples of this situation:

- 1) A client enters in January and completes the first GPRA intake interview. He/she leaves treatment in March and his/her file is closed. He/she re-enters treatment in April and completes the second GPRA intake interview. The client's first 3-month follow-up interview will be due in July (three months after April), the first 6-month follow-up interview will be due in October (six months after April) and the first 12-month follow-up interview will be due in April of the following year.

- 2) A client enters in January and completes the first GPRA intake interview. He/she completes the first 3-month interview in April and the first 6-month interview in July, but leaves treatment in August and the file is closed. He/she re-enters treatment in October and completes the second GPRA intake interview. The second 3-month follow-up interview will be due in January (three months after October), the second 6-month follow-up interview will be due in April (six months after October) of the following year, and the first 12-month follow-up interview will be due in October of the following year.

**Service Type**—This is the type of service that the client will receive as part of their treatment plan. The type of service refers to the treatment modality. This is only completed at intake. Select the type of service(s) that the client will be receiving in the project. Standard definitions for the treatment modalities are as follows:

**Case Management**—Planning and coordination of a package of health and social services that is individualized to meet the needs of the client.

**Day Treatment**—A variation of intensive outpatient treatment that usually provides 20 or more hours of clinically intensive programming. It is also referred to as partial hospitalization

**Inpatient Treatment**—The provision of medical services within a hospital or similarly licensed facility designed to treat addiction problems. This includes 24-hour observation, monitoring, and treatment by a multidisciplinary staff.

**Outpatient Treatment**—Nonresidential addiction treatment services provided for clients who can adequately function in their usual living arrangement. It generally involves regularly scheduled treatment sessions of less than 9 hours weekly.

**Outreach**—The provision of health-related information and services to a target population that traditionally has been underserved. Outreach can include street canvassing and group events.

**Intensive Outpatient Treatment (IOP)**—Outpatient treatment that includes from at least 9 to 70 hours of treatment weekly. Clients receive several treatment hours weekly, but do not live on the premises.

**Methadone**—Treatment that substitutes heroin or other opiates with a medically safe, long acting medication, usually methadone, LAAM, or buprenorphine. Methadone dosing is combined with biopsychosocial treatment services.

**Residential Treatment**—Non-hospital based treatment program that provides 24-hour care and support for clients who live on the premises of the program.

Definitions for the service types are modified from following publications:

- Overview of Addiction Treatment Effectiveness, Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA), February 1997 revision;
- American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second edition; and
- Outreach Competencies: Minimum Standards for Conducting Street Outreach for Hard-to-Reach Populations, DC/Delaware Addiction Technology Transfer Center, SAMHSA

# SECTION B: DRUG AND ALCOHOL USE INSTRUCTIONS

## OVERVIEW

This section pertains to alcohol and other drug use in the past 30 days. To ensure that the client understands the terms you are using, you may need to use slang or local terminology for the different technical drug terms. Be attentive to the client and what words he or she uses.

## DEFINITIONS

**Alcohol to intoxication**—Refers to the client feeling the effects of the alcohol (i.e., getting a “buzz,” “high,” or drunk) or five or more drinks in one sitting or within a brief period of approximately one to two hours. If the client drinks less than five drinks in one sitting and feels the effects of alcohol, it counts as alcohol to intoxication.

## ITEMS

**Items B1a-B1c and B2a-B2i: During the past 30 days how many days have you used the following?**

### Intent/Key Points

The intent is to record information about the client's recent substance use. Record the number of days in the last thirty that the patient reported any use at all of a particular substance. The response cannot be more than 30 days.

It is important to ask all substance abuse history questions regardless of the presenting problem.

### Additional Probes

If the client indicates that he/she is taking a drug that is usually prescribed, probe for unprescribed use (i.e., taking six pills a day as opposed to the prescribed two pills a day) or unprescribed procurement (i.e., I got the pills from my friend).

Probe for events that occurred at the same time that the patient was using (or abstaining from) a substance.

Prompt the client with examples (using slang and brand names) of drugs for each specific category.

## Coding Topics

Below is a list of commonly used drugs in each category:

**Alcohol**—Beer, wine, liquor, grain alcohol

**Cocaine/crack**—Cocaine crystal, free-base cocaine, crack, or rock cocaine

**Nonprescription methadone**—Dolophine, LAAM

**Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms, or Mescaline**—  
Psilocybin, peyote, green

**Methamphetamine or other amphetamines**—Monster, amp, benzedrine, dexedrine, ritalin, preludin

**Benzodiazepines**—Ativan, librium

**Barbiturates**—Amytal, seconal, phenobarbital

**Ketamine**—Ketalar, cat valium

**Other tranquilizers, downers, sedatives, or hypnotics**—Dalmane, haldol, quaaludes

**Inhalants**—Nitrous oxide, amyl nitrate, glue, solvents, gasoline, toluene, aerosols (hair spray, Lysol, air freshener)

Alcohol to intoxication in item B1b1 includes any instance in which the client consumed 5 or more drinks in one sitting, regardless of the reported effect of the alcohol. In item B1b2, alcohol to intoxication includes any instance in which the client consumed less than 5 drinks, but felt the effects of the alcohol, e.g., got drunk, felt high, felt tipsy.

Unprescribed use of prescription medication should be counted as the use of illegal drugs in item B1c, and coded under the appropriate generic category in item B2.

Count all forms of cocaine in the same category (even though cocaine is used in many forms and often with different names).

Unprescribed use of LAAM should be counted as nonprescription methadone.

Use of marijuana, whether prescribed or not, should be counted as the use of illegal drugs in item B1c and counted in item B2b. Marinol, which also contains THC, is a legal drug and should only be counted if the client is using it in an unprescribed manner.



Use of nicotine (i.e., cigarettes, cigars, chewing tobacco) by clients under the age of 18 years should be counted as the use of illegal drugs in item B1c, and counted as other illegal drugs in item B2i.

### **Cross-Check Items**

Cross-check items B1b1 and B1b2 with item B1a. The number of days reported in items B1b1 and B1b2, either individually or the combined total, cannot be more than the number of days reported in item B1a.

Cross-check items B2a-B2i with item B1c. The number of days reported in item B1c must be greater than or equal to the number of days reported for any drug in item B2. If the client reports no use of illegal drugs in item B1c, then items B2a through B2i should be zero.

**Skip Pattern**                      None.

### **Item B3: In the past 30 days have you injected drugs?**

#### **Intent/Key Points**

The intent is to record information about the client's recent illegal injection behavior. Record the client's response, even if there is evidence to the contrary.

**Additional Probes**    None.

#### **Coding Topics**

Do not count injection of legal and prescribed medications, i.e., insulin, hormones.

Injection can pertain to either intravenous injection (into a vein) or non-intravenous (under the skin or into a muscle).

**Cross-Check Items**    None.

#### **Skip Pattern**

If the answer is no, skip to item C1.

### **Item B4: In the past 30 days, how often did you use a syringe, cooker, cotton, or water that someone else used?**

**Intent/Key Points**

The intent is to record information about HIV/AIDS and other infectious disease risks associated with injection behavior in the past 30 days. Read all response options for frequency of works sharing.

Ask this question only if the client has reported past 30 days injection in item B3.

**Additional Probes**

If the client does not recognize the items listed, you may ask if they have used “works” that someone else has used in the last 30 days.

**Coding Topics**      None.

**Cross-Check Items**   None.

**Skip Pattern**

Ask this question only if the client responded, “yes” to item B3.

# SECTION C: FAMILY AND LIVING CONDITIONS

## INSTRUCTIONS

### OVERVIEW

This section pertains to the client's living situation during the past 30 days as well as the impact that his/her drug abuse has had on his/her stress levels, emotional well-being, and involvement in important activities.

### ITEMS

<b>Item C1: In the past 30 days, where have you been living most of the time?</b>
---

#### Intent/Key Points

The intent is to record information about the client's living situation in the past 30 days. Read the item as an open ended question and then code the client's response in the appropriate category.

Fifteen or more days is considered most of the time.

#### Additional Probes

If the client is having trouble remembering, start with the past evening and work backward in small increments, i.e., "Where did you sleep last night? Where did you sleep most of last week?" and so forth.

#### Coding Topics

If the client has been living in more than one place for the past 30 days, count where he/she has been living for 15 or more days, or where they have been living the longest.

If the client reports that he/she has been living in 2 different places for 15 days each, record the most recent living arrangement.

Count living in cars, vans, or trucks as "Street."

Count living in group homes, trailers, hotels, dorms, or barracks as "Housed."

Count correctional boot-camps, especially for adolescents, as "Institution."

**Cross-Check Items**    None.

**Skip Pattern**        None.

<b>Item C2: During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?</b>
---

**Intent/Key Points**

The intent is to record the client's feelings about how stressful the previously mentioned drug or alcohol problems have been in the last 30 days. The question addresses stress in the past 30 days, not necessarily use of alcohol or other drugs. Even if the client has not used in the past 30 days, he/she may still feel stress due to his/her prior use. Read all of the response options and have the client choose one.

**Additional Probes**

Examples of stress can include, but are not limited to, feeling overwhelmed, a craving for alcohol or drugs, withdrawal symptoms, disturbing effects of drug or alcohol intoxication, or wanting to stop and not being able to do so.

**Coding Topics**           None.

**Skip Pattern**           None.

<b>Item C3: During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?</b>
--

**Intent/Key Points**

The intent is to determine if the client's use of alcohol or other drugs has caused him/her to reduce or give up important activities during the past 30 days. This question addresses the reduction of important activities in the past 30 days, not necessarily use of alcohol or other drugs. Even if the client has not used in the past 30 days, he/she may still give up important activities due to his/her prior use. Read all of the response options and have the client choose one.

**Additional Probes**

Important activities can include work, school, family responsibilities, treatment involvement, legal responsibilities (e.g., probation appointments), or special events.

**Coding Topics**           None.

**Cross-Check Items**   None.

**Skip Pattern**           None.

<b>Item C4: During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?</b>
--

**Intent/Key Points**

The intent is to record how much the client's use of alcohol or other drugs has caused him/her emotional problems during the past 30 days. The question refers to the client's perception of emotional problems, not a clinical diagnosis by the counselor. Even if the client has not used alcohol or drugs in the past 30 days, he/she may still experience emotional problems due to his/her prior use. Read all of the response options and have the client choose one.

**Additional Probes**

Examples of emotional problems include anxiety, sadness, insomnia, or anger.

**Coding Topics**        None.

**Cross-Check Item**    None.

**Skip Pattern**        None.

# SECTION D: EDUCATION, EMPLOYMENT, AND INCOME INSTRUCTIONS

## OVERVIEW

This section collects information about the respondent’s educational and financial resources. To ensure that the client gives an answer that corresponds to one of the response choices, please read and explain the choices if necessary.

## DEFINITIONS

**Wages**—Money earned through legal full- or part-time employment.

**Public Assistance Money**—Money received from Temporary Assistance to Needy Families (TANF); welfare; food stamps; housing vouchers; transportation money; or any other source of general or emergency assistance funds.

**Retirement Money**—Money received from 401k plans, Social Security, or pensions.

**Disability Money**—Money received from Supplemental Security Income, worker’s compensation, or veteran disability payments.

## ITEMS

**Item D1: Are you currently enrolled in school or a job training program? [If enrolled, is that full-time or part-time?]**

### Intent/Key Points

The intent is to determine whether the client is currently involved in any educational or job training program. If they are currently enrolled, ask if the enrollment is full- or part-time. Full- or part-time definitions will depend on the institution where the client is enrolled.

### Additional Probes

Job training programs can include apprenticeships, internships, or formal training for a trade.

**Coding Topics**        None.

**Cross-Check Items**   None.

**Skip Pattern**        None.

<b>Item D2: What is the highest level of education you have finished, whether or not you received a degree?</b>
---

**Intent/Key Points**

The intent is to record basic information about the client's formal education. Enter the level in years of completed formal education.

**Additional Probes**     None.

**Coding Topics**

If the client completed years of education via distance learning (i.e., online or web-based courses), count those years.

If grades were repeated, do not count the repeated grade twice.

If the client received a General Equivalency Diploma (GED) and completed additional years of education, consider the GED twelve years and then add the additional years of education.

In most instances, completion of an associate's degree corresponds to 14 years, a bachelor's degree corresponds to 16 years, a master's degree corresponds to 18 years, and a doctorate corresponds to 20 years.

**Cross-Check Items**     None.

**Skip Pattern**             None.

<b>Item D2a: If less than 12 years of education, do you have a GED (General Equivalency Diploma)?</b>
---

**Intent/Key Points**

The intent is to determine if the client has received at least a high school equivalent diploma.

**Additional Probes**     None.

**Coding Topics**         None.

**Cross-Check Items**     None.

**Skip Pattern**             None.

**Item D3: Are you currently employed? Response options—employed full-time; employed part-time; unemployed, looking for work; unemployed, disabled; unemployed, volunteer work; unemployed, retired; unemployed, not looking for work; other.**

### **Intent/Key Points**

The intent is to determine the client's current employment status. Focus on the status during most of the previous week to determine whether the client worked at all or had a regular job but was off work. Only legal employment (i.e., the job activity is legal) is counted as employment.

Four or more days is considered most of the previous week

### **Additional Probes**

If you know the client is employed, ask if the job is full- or part-time.

If you know the client is unemployed, ask how long he/she has been unemployed and what prompted the unemployment.

### **Coding Topics**

If the client has more than one part-time job and works 35 hours or more a week, count as employed full-time.

Count day work or day labor as employed part-time if the client works fewer than 35 hours a week. If he/she works 35 hours or more a week, count as employed, full-time.

Count employment even if the client is paid "under the table" or is working without a permit (in the case of undocumented persons).

If the client is unemployed due to student status, count as "other" and write in "unemployed, student."

If the client is involved in active military service, count as other and write in "military service."

**Cross-Check Items** None.

**Skip Pattern** None.

**Item D4: Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...?**



**Intent/Key Points**

The intent is to record the amount of money received by the client in the last 30 days. Do not count money earned by a spouse or other members of the household, only earned by the client

**Additional Probes**    None.

**Coding Topics**

Count as wages any money earned through legal full- or part-time employment.

Count as public assistance any money received from Temporary Assistance to Needy Families (TANF); welfare; food stamps; housing vouchers; transportation money; or any other source of general or emergency assistance funds.

Count as retirement any money received from 401k plans, Social Security, or pensions.

Count as disability any money received from Supplemental Security Income (SSI), worker's compensation, or veteran disability payments.

Count as non-legal income any money received from illegal activities, such as drug dealing, stealing, fencing or selling stolen goods, panhandling, illicit gambling, or illegal prostitution. If a client has received drugs in exchange for illegal activity, do not convert to a dollar amount.

Count as other income any money received from alimony, child support, trust funds, tribal per capita funds, death benefits, stock options, or legal gambling.

**Cross-Check Items**

Cross-check item D4a with item D3. If the client reports either full- or part-time employment, there must be a dollar amount in item D4a.

Cross-check item D4c with item D3. If the client reports that he/she is unemployed and retired, there should be a dollar amount in item D4c.

Cross-check item D4d with item D3. If the client reports that he/she is unemployed and disabled, there should be a dollar amount in item 4d.

**Skip Pattern**            None.

# SECTION E: CRIME AND CRIMINAL JUSTICE STATUS INSTRUCTIONS

## OVERVIEW

This section pertains to basic information about the client's legal history. It addresses information about arrests and incarceration or detainment. Even if the client is court mandated to treatment, ask these questions and record the client's answers. There may be additional information that was not part of the court mandate. Some clients may be reluctant to offer this information. Reassure them of the confidentiality of the information that they are providing to you.

## DEFINITIONS

**Arrest**—An instance when a person is detained by a law enforcement officer for breaking the law and read constitutional rights (Miranda rights—the right to remain silent and the right to an attorney). This includes official charges, not times when the client was just picked up, roused, or questioned. For juveniles, this would include a formal detainment, since in most states juveniles are not officially arrested.

**Drug-related offense**—Examples of drug-related offenses are possession; possession with the intent to distribute; distribution, manufacturing, or trafficking of an illegal substance; attempt or conspiracy to do any of the previous things; possession of drug paraphernalia; driving under the influence; driving while intoxicated; and public intoxication.

## ITEMS

<b>Item E1: In the past 30 days, how many times have you been arrested?</b>
---

### Intent/Key Points

The intent is to determine how many times the client has been arrested and officially charged in the last 30 days. These instances should only include formal arrests, not times when the client was just picked up or questioned. For juvenile clients, detention would count as an arrest. When dealing with juvenile clients (those under age 17 years in most states) this information may be sealed. Check your local laws about juvenile justice arrests.

**Additional Probes**    None.

### Coding Topics

Count multiple arrests for the same charge as separate arrests.

If there is more than one charge for a single arrest, only count the arrest once.

**Cross-Check Items** None.

### **Skip Pattern**

If none, skip to item E3.

**Item E2: In the past 30 days, how many times have you been arrested for drug-related offenses?**

### **Intent/Key Points**

The intent is to determine how many of the client's arrests have been drug related. Count the number of times the client has been arrested for a drug-related offense. These instances should only include formal arrests, not times when the client was just picked up or questioned. For juvenile clients, detention would count as an arrest. When dealing with juvenile clients (those under age 17 years in most states), this information may be sealed. Check your local laws about juvenile justice arrests.

**Additional Probes** None.

### **Coding Topics**

Count multiple arrests for the same charge as separate arrests.

### **Cross-Check Items**

Cross check with item E1. Drug related arrests in item E2 must be less than or equal to the number of arrests in item E1.

**Skip Pattern** None.

**Item E3: In the past 30 days, how many nights have you spent in jail/prison?**

### **Intent/Key Points**

The intent is to record information about whether the client has spent time in jail/prison in the last 30 days. Count the number of nights that the client has spent in jail/prison. The response cannot be more than 30 nights. Time in jail or prison can be due to an arrest and incarceration, or just an overnight detainment. Do not distinguish between actual arrest and detainment for this question. A detention center would count as jail/prison for juvenile clients.

**Additional Probes**

For clients who have extensive involvement in the justice system or may have memory difficulties, start by estimating how many nights in the past week and then move backward weekly until you reach 30 days.

**Coding Topics**

Do not count instances in which the client was picked up and released in the same day.

**Cross-Check Items**    None.

**Skip Pattern**            None.

# SECTION F: MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT INSTRUCTIONS

## OVERVIEW

This section addresses issues of mental and physical health as well as substance abuse treatment experiences in the last 30 days.

## DEFINITIONS

**Inpatient Treatment**—The client was admitted to, and spent the night in, a treatment or medical facility for a mental, physical, or substance abuse related complaint. This includes residential treatment and overnight detoxification. This definition is different from the definition in section A.

**Emergency Room Treatment**—The client has received treatment from either a hospital or emergency clinic on a drop-in basis. This also includes instances when the client has received services from an ambulance but was not taken to the hospital. Emergency treatment resources were still accessed and utilized.

## ITEMS

<b>Item F1: How would you rate your overall health right now?</b>
---

### Intent/Key Points

The intent of the question is to ascertain how the client would rate his/her overall health. This applies to mental, emotional, and physical health. Read all of the response choices and record the client's answer, even if you have knowledge that contradicts the client's answer.

**Additional Probes**     None.

**Coding Topics**        None.

**Cross-Check Items**   None.

**Skip Pattern**           None.

**Item F2ai - F2aiii: During the past 30 days, did you receive inpatient treatment for physical complaint? For mental or emotional difficulties? For alcohol or substance abuse? [If yes, altogether for how many nights]**

### **Intent/Key Points**

The intent of the question is to determine if the client received inpatient treatment and if so for how many nights. This question measures usage of the medical or treatment community.

Ask if the client received treatment for each of the listed reasons. If he/she replies yes to any reason, ask how many nights the client stayed. The number of nights spent in treatment cannot be more than 30.

### **Additional Probes**

If the client is having trouble remembering, start with the past week and work backward to cover 30 days.

### **Coding Topics**

Treatment in the current agency should be counted under the appropriate category.

If the client received treatment under more than one category during the same stay, count each separate complaint as a separate instance. For example, if the client received treatment for injuries sustained during a delusional episode, count the nights under physical complaint and mental and emotional difficulties.

**Cross-Check Items** None.

### **Skip Pattern**

If the client answers no to any category, do not ask how many nights the client stayed.

**Item F2bi-F2biii: During the past 30 days, did you receive outpatient treatment for physical complaint? For mental or emotional difficulties? For alcohol or substance abuse? [If yes, altogether how many times]**

### **Intent/Key Points**

The intent of the question is to determine if the client received outpatient treatment, and if so how many times, not days, the client received the treatment. This question addresses usage of the medical or treatment community.

Ask if the client received treatment for each of the listed reasons. If he/she replies yes to any reason, ask how many times in the past 30 days.

### **Additional Probes**

If the client is having trouble remembering, start with the past week and work backward to cover 30 days.

### **Coding Topics**

The number of treatment episodes in the past 30 days can be more than 30.

Treatment in the current agency should be counted under the appropriate category.

If the client received treatment under more than one category during the same stay, count each separate complaint as a separate instance. For example, if the client received treatment for injuries sustained during a delusional episode, count the times under physical complaint and mental and emotional difficulties.

**Cross-Check Items** None.

### **Skip Pattern**

If the client answers no to any category, do not ask how many times the client received treatment.

**Item F2ci-F2ciii: During the past 30 days, did you receive emergency room treatment for physical complaint? For mental or emotional difficulties? For alcohol or substance abuse? [If yes, altogether how many times]**

### **Intent/Key Points**

The intent of the question is to determine if the client received emergency room treatment, and how many times. This question addresses usage of the medical or treatment community. Emergency room treatment indicates that the client has visited either a hospital or emergency clinic on a drop-in basis.

Ask if the client received treatment for each of the listed reasons. If he/she replies yes to any reason, ask how many times in the past 30 days.

### **Additional Probes**

If the client is having trouble remembering, start with the past week and work backward to cover 30 days.

### **Coding Topics**

The number of treatment episodes in the past 30 days can be more than 30.

Treatment in the current agency should be counted under the appropriate category.

If the client received treatment under more than one category during the same visit, count each separate complaint as a separate instance. For example, if the client received treatment for injuries sustained during a delusional episode, count the times under physical complaint and mental and emotional difficulties.

**Cross-Check Items** None.

### **Skip Pattern**

If the client answers no to any category, do not ask how many times the client received treatment.



<b>Item F3: During the past 30 days, did you engage in sexual activity?</b>
---

**Intent/Key Points**

The intent is to determine if the client engaged in sexual activity in the past 30 days. Refer to the definition of sexual activity under coding topics.

This activity can be with main partners and anyone else the respondent has had sexual activity with. This encompasses male and female partners.

**Additional Probes**    None.

**Coding Topics**

Sexual activity includes the following sexual acts:

- Vaginal sex—Penetration of the vagina by a penis or other body part; includes vagina-to-vagina contact
- Oral sex—Placement of the mouth or tongue on or in a penis, vagina, or anus during sexual activity
- Anal sex—Penetration of the anus by a penis or other body part; includes “fisting”

In cases where the project can not ask this question of a client (i.e., an adolescent client), enter “Not permitted to ask” as the response option.

**Cross-Check Items**    None.

**Skip Pattern**

If no, skip to question 4.

<b>Item F3a: If yes, altogether how many sexual contacts (vaginal, oral, or anal) did you have?</b>
---

**Intent/Key Points**

The intent is to determine the number of sexual encounters. This includes sexual contact with the main partner and any other sexual partners.

Prompt the respondent to estimate the actual sexual contacts, not the number of days in the last 30 that he or she had sex.

### **Additional Probes**

For respondents who have a large number of partners, start by estimating daily, then weekly, then monthly sexual contacts.

Explain to the client that he or she should count each act as a separate sexual contact, e.g., if the respondent has had oral, vaginal, and anal sex in one encounter, that would be three contacts.

### **Coding Topics**

Record repeated contacts with the same partner as separate sexual contacts.

Count each act as a separate sexual contact, e.g., if the respondent has had oral, vaginal, and anal sex in one encounter, that would be three contacts.

**Cross-Check Items**    None.

**Skip Pattern**            None.

<b>Item F3b: If yes, altogether how many unprotected sexual contacts did you have?</b>
--

### **Intent/Key Points**

The intent is to determine the number of unprotected sexual contacts. This includes contact with both main and other partners.

Prompt the client to estimate the actual unprotected sexual contacts, not the number of days in the last 30 that he or she had unprotected sexual contact.

### **Additional Probes**

Unprotected sex is defines as “vaginal, oral, or anal sex without a condom or other latex barrier (i.e., female condom, dental dam, Saran Wrap).

Remind the client that he or she should count each act as a separate sexual contact, e.g., if the respondent has had oral, vaginal, and anal sex in one encounter, that would be three contacts.

### **Coding Topics**

Record repeated contacts with the same partner as separate sexual contacts.

Count each act as a separate sexual contact, e.g., if the respondent has had oral, vaginal, and anal sex in one encounter, that would be three contacts.

### **Cross-Check Items**

Cross-check with item F3a. The number of unprotected sexual contacts in item F3b should not be more than the number of sexual contacts in item F3a.

### **Skip Pattern**

If none, skip to item F4.

**Item F3c1-F3c3: If yes, altogether how many unprotected sexual contacts were with an individual who is or was HIV positive or has AIDS? An injection drug user? High on some substance?**

### **Intent/Key Points**

The intent is to determine the number of unprotected sexual contacts the client has had in the last 30 days with individuals who were likely to be at high risk for HIV infection. This question includes sexual contact with the main partner and other partners.

Ask this question only if the respondent has reported unprotected sexual contact in answering item F3b

The high-risk categories in item F3c are not mutually exclusive. Ask the client about all categories. His/her sexual partner may be counted in more than one category.

Prompt the respondent to estimate the actual unprotected sexual contacts, not the number of days in the last 30 that he or she had unprotected sexual contact.

### **Additional Probes**

An injection drug user can be either an intravenous (i.e., into the vein) or non-intravenous (i.e., into a muscle or under the skin) drug user.

## Coding Topics

If the respondent is unsure of the status of his or her sexual partner, record response as “Don’t know.”

Record repeated contacts with the same partner as separate sexual contacts.

If the respondent reports a partner who uses both injected and noninjected drugs, count the respondent as an “injection drug user.”

## Cross-Check Items

Cross-check with item F3b. The number of high-risk unprotected sexual contacts in item F3c should not be more than the number of unprotected sexual contacts in item F3b.

**Skip Pattern**            None.

**Item F4: In the past 30 days (not due to your use of alcohol or drugs), how many days have you experienced serious depression? Experienced serious anxiety or tension? Experienced hallucinations? Experienced trouble controlling violent behavior? Attempted suicide? Been prescribed medication for a psychological/emotional problem?**

## Intent/Key Points

The intent is to determine the number of days in the past 30 that the client has experienced any serious psychiatric symptoms. Explain that the symptoms refer to times when he/she was not under the direct effects of alcohol, drugs, or withdrawal. This means that the behavior or mood was not due to a state of drug or alcohol intoxication, or to withdrawal effects.

Ask about each psychiatric symptom separately, and enter the number of days that the client experienced that symptom. The answer cannot be more than 30 days.

Reports of recent suicide attempts or thoughts should be brought to the attention of the clinical supervisor from the treatment agency as soon as possible.

## Additional Probes

Hallucinations refer to seeing or hearing things that were not present, or that other people could not see or hear. The hallucinations can be audible or visual.

Trouble controlling violent behavior can refer to violence against another person, the client, an animal, or against no directed target.

### **Coding Topics**

Prescribed medication for a psychological/emotional problem must have been prescribed by a physician/psychiatrist for a psychiatric or emotional problem. Record the number of days that the medication was prescribed for, even if the client did not take the medication.

### **Cross-Check Items**

Cross-check with item B2 from the Drug and Alcohol Use section. Make sure that any medication that the client was prescribed for a psychological or emotional problem and taking correctly is not counted in item B2.

**Skip Pattern**                None.

**Item F4a: If you reported one or more days in question 4, how much have you been bothered by these psychological or emotional problems in the past 30 days?**

### **Intent/Key Points**

The intent is to record the client's feelings about how bothersome the previously mentioned psychological or emotional problems have been in the last month. Read all of the response options and allow the client to choose one.

### **Additional Probes**

Remind the client to respond to whatever problem he/she identified in question 4.

**Cross-Check Items**    None.

**Skip Pattern**                None.

# SECTION H: DEMOGRAPHICS INSTRUCTIONS

## OVERVIEW

This section collects demographic information on the client. These questions are only asked at baseline. While some of the information may seem apparent, please ask all questions for clarification.

## ITEMS

### Item H1: Gender

#### Intent/Key Points

The intent of the question is to ascertain the client's gender. A suggestion of how to phrase the question is "What is your gender?" Enter the client's response, even if the client's response does not match his/her obvious appearance.

**Additional Probes**     None.

**Coding Topics**        None.

**Cross-Check Items**   None.

**Skip Pattern**            None.

### Item H2: Are you Hispanic or Latino? If yes, what ethnic group do you consider yourself?

#### Intent/ Key Points

The intent of the question is to determine if the client identifies as Hispanic or Latino, and if so which ethnic group the client belongs to.

Read the available response options. If the client identifies a group that is not represented on the list, select other and write in the group.

**Additional Probes**     None.

**Coding Topics**        None.

**Cross-Check Items**   None.

**Skip Pattern**            None.

### **Item H3: What is your race?**

#### **Intent/Key Points**

The intent of the question is determine what race the client considers himself or herself. Record the response given by the client, not the interviewer's opinion. Read all of the response options. More than one race can be chosen. The TCE Data Collection Software only allows two options to be entered.

**Additional Probes**    None.

#### **Coding Topics**

Even if the client has identified him/herself as Hispanic/Latino, ask this question as well.

**Cross-Check Items**    None.

**Skip Patterns**        None.

### **Item 4: What is your date of birth?**

#### **Intent/Key Points**

The intent is to record the client's date of birth.

**Additional Probes**    None.

**Coding Topics**        None.

**Cross-Check Items**    None.

**Skip Patterns**        None.

# SECTION I: FOLLOW-UP STATUS INFORMATION

## OVERVIEW

This section pertains to the client’s status at the 6- or 12-month follow-up interview. This information is only completed at that time, and is reported by the program staff.

**Item I1: What is the follow-up status of the client?**

**Intent/Key Points**

The intent is to determine the client’s status at the 6- or 12-month follow-up time point. Select the response that best fits the client’s status.

**Coding Topics**           None.

**Cross-Check Items**   None.

**Skip Patterns**           None.



# SECTION J: DISCHARGE STATUS INFORMATION

## INSTRUCTIONS

### OVERVIEW

The information in this section pertains to the client's discharge status at 6- or 12-month follow-up. This information is only completed at the 6- and 12-month follow-up. It is not asked of the client, but should be filled in by the counselor or clinician from the client's file at the project. If the client is still in treatment with the current agency, do not complete this section. If the client is not involved with the project at the 6-month follow-up interview and the project staff have completed the discharge questions, it is not necessary to answer the same questions again at the 12-month follow-up interview

### ITEMS

#### **Item J1: On what date was the client discharged?**

##### **Intent/Key Points**

The intent of the question is to determine when the client was discharged from the treatment program, whether the discharge was voluntary or involuntary. Enter the date the client was discharged, not the date of the interview.

**Coding Topics**        None.

**Cross-Check Items**   None.

**Skip Pattern**        None.

#### **Item J2: What is the client's discharge status? Completion/graduate? Termination? If the client was terminated, what was the reason for termination?**

##### **Intent/Key Points**

The intent of this the first part of the question is to determine the client's discharge status at the 6- or 12-month follow-up interview. The intent of the second part of the question is to determine the reason for the client's termination from the treatment program. Choose one response option from the list provided. If the reason for termination is not on the list, choose "Other" and give the reason.

## **Coding Topics**

“Left on own against staff advice with satisfactory progress” means that the client was compliant with the program/treatment plan but left before completion.

“Left on own against staff advice without satisfactory progress” means that the client was not compliant with the program/treatment plan and left before completion.

“Involuntarily discharged due to nonparticipation” means that the client was not compliant with the program/treatment plan and was terminated by the program.

“Involuntarily discharged due to violation of rules” means that the client violated program rules or committed a dischargeable offense and was terminated by the program.

**Cross-Check Items**    None.

## **Skip Pattern**

If the client completed treatment or graduated from the current program, do not complete the second part of the question and skip to item 3.

**Item J3: During the course of treatment in your project, what type of services did the client receive? (Check all that apply and tell how many weeks the client spent in each service.)**

## **Intent/Key Points**

The intent of the question is to determine what type of treatment the client received. The type of service refers to the treatment modality. Choose the option that best fits the services received by the client. Refer to the definitions of service types in the instructions for section A.

For any service that the client received, fill in the number of weeks that the client spent in the service type.

**Coding Topics**            None.

**Cross-Check Items**    None.

**Skip Pattern**            None.